ADDICTION SERVICES

OF

PRINCE EDWARD ISLAND

ANNUAL REPORT

1987 - 1988

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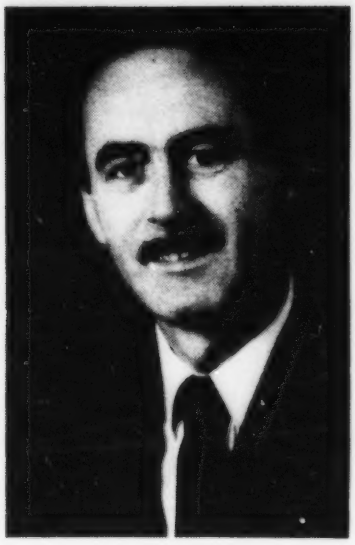

Charlottetown
Prince Edward Island
March 31, 1988

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the annual report of Addiction Services of Prince Edward Island for the fiscal year ended March 31, 1988.

I have the honour to be,
Sir,
Your obedient servant,

Keith Milligan
Minister Responsible
Addiciton Services of
Prince Edward Island

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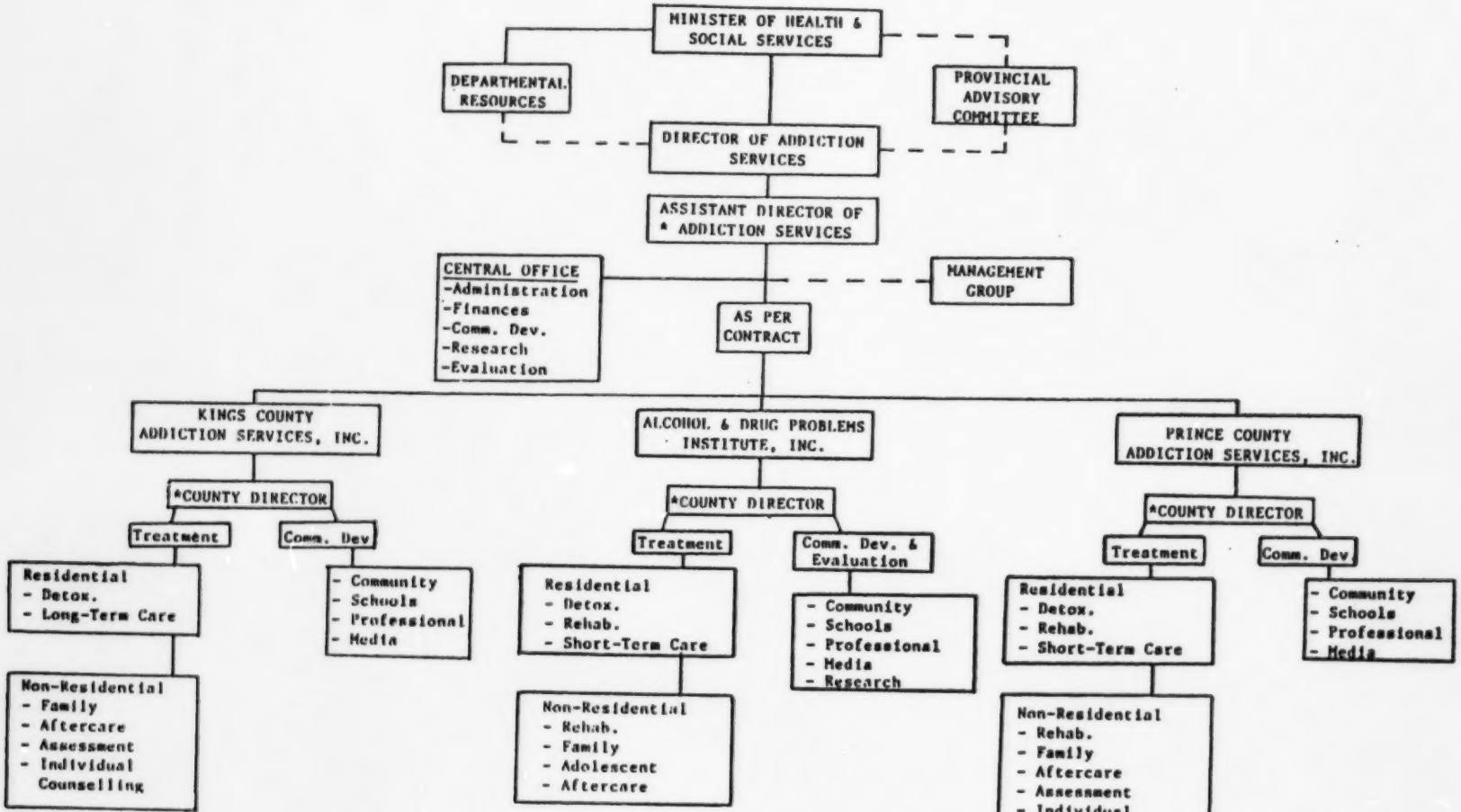

*Denotes member of Management Group

ORGANIZATIONAL CHART

ADDICTION SERVICES OF PRINCE EDWARD ISLAND

CENTRAL OFFICE

P.O. Box 37
McGill Avenue
Charlottetown, P.E.I.
C1A 7K2

TELEPHONE: 368-4027

CENTRAL OFFICE

The general mandate of Central Office, Addiction Services of Prince Edward Island is to establish guidelines and engage in an ongoing monitoring and evaluation process with the contracted County agencies; to be responsible for the development and implementation of research and evaluation programs as requested by the Counties; and to oversee the management of financial matters in consultation with the County agencies.

The staff of Central Office is under the Director of Addiction Services who reports directly to the Minister. The Director is the Provincial representative on the federal-provincial "Sub-Committee on Alcohol and Other Drug Problems" and the regional group of the four Directors of Addiction agencies in the Atlantic Provinces. The Assistant Director consults with the three County Directors to discuss common concerns and possible joint ventures. The Assistant Director supervises the Central Office staff in their efforts to carry out their mandate.

To better serve the needs of the chemically dependent person and/or their families, the staff of Central Office works closely with the staff of Kings County Addiction Services, Alcohol & Drug Problems Institute and Prince County Addiction Services. The Boards of the three County Agencies set policy, allocate funds and hire a County Director to administer programs, continue to develop, implement and maintain community development and treatment programs in their respective county as required in the contracts signed with Government.

PROVINCIAL COMMUNITY DEVELOPMENT/PREVENTION PROGRAMS

Provincial Community Development/Prevention programs are coordinated by the Community Development Coordinator, Central Office, and presented in cooperation with the county personnel to various provincial groups, government and private, through lectures, displays, audio-visual presentations and material resources. They aim at increasing public knowledge and understanding of our services, of alcohol and other drugs, and of the effects of chemical dependency on oneself, the family, and the community. Some of the groups who took part in sessions were student nurses, police cadets, civil servants, and the staff of Queen Elizabeth Hospital. Manned displays were available throughout the year at various activities.

In regional and national issues the Community Development Coordinator represented Prince Edward Island Addiction Services on the Planning Committee for an Atlantic Addiction Counselling Training Course, the Atlantic Drug Awareness Week Committee, the Public Information and Awareness Working Group of the National Impaired Driving Program and the Public Awareness and Information Working Group of the National Drug Strategy. The National Programs are a cooperative effort of Health and Welfare Canada and the governments of the provinces and territories to reduce the harm to individuals, families and communities from the abuse of alcohol and other drugs. On the Provincial level, the Community Development Coordinator continued to meet regularly with her county counterparts and the R.C.M.P. National Drug Strategy Officer to coordinate activities in the schools and community, the activities and collateral material for Drug Awareness Week, to review materials, exchange information and pursue other mutual interests. The Community Development Coordinator co-chaired the Prince Edward Island Review & Assessment Committee for Community Funding, National Drug Strategy, and was a representative of Addiction Services on the Prince Edward Island Council on Smoking and Health, the Atlantic Council on Drug Abuse, the Provincial Advisory Committee on Impaired Driving and the Community Crime Prevention Steering Committee. Four Addiction Services personnel attended the Addictions Counsellors Training of Trainers course in Halifax.

A literature supply, consisting of pamphlets, books and periodicals, was maintained by the Community Development Coordinator for use by county staff and the general public.

INFORMATION/TRAINING SESSIONS COORDINATED BY CENTRAL OFFICE

	1986-87	1987-88
Number of Sessions	31	23
Attendance at Sessions	498	401
Number of Individuals	340	337

KINGS COUNTY ADDICTION SERVICES

Breakwater Street
P.O. Box 100
Souris, P.E.I.
C0A 2B0

TELEPHONE: 687-2150

BOARD OF DIRECTORS
KINGS COUNTY ADDICTION SERVICES
APRIL 1, 1987 - MARCH 31, 1988

Sister Elizabeth Dunn, Chairperson

Mr. Louis Callaghan, Vice-Chairperson

Mrs. Mary Kelly, Secretary

Mrs. Mellie Glover

Mr. Basil MacDonald

Mr. James MacDonald

Mr. Joseph MacKinnon

Mrs. Marcella MacRae

Mrs. Linda Moore

Mr. Leslie Phelan

MANAGEMENT PERSONNEL

Mrs. Peggy MacInnis, R.N.	Kings County Director (retired March, 1988)
Ms. Maureen McIver, R.N.	Nursing Supervisor
Mr. Alfred Egan, B.A., B.Ed.	Community Development Coordinator
Mr. Paul MacKenzie	Family Therapist (July - September, 1987)
Ms. Lorna Muzzerall, B.A., R.N.	Family Therapist (commenced October, 1987)
Dr. Donald Vickerson	Medical Consultant

DETOXIFICATION PROGRAM

The Kings County Detoxification Unit is located in Souris on Breakwater Street. It is a twelve-bed facility and is functional throughout the entire fiscal year.

The primary function of the Unit is to provide a protective setting which allows clients to withdraw safely from alcohol and other drugs under medical supervision.

A second function is that of motivating and guiding clients to further treatment. This is done through individual counselling, lecture-discussion groups and through referral to other Addiction Services programs as required.

A third function is that of providing support to individuals who are sober but are experiencing some severe sobriety-based symptoms of alcoholism. To that end we will admit for stabilization and counselling.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	521	457
Total Number of Male Admissions	499	412
Total Number of Female Admissions	22	45
Total Number of New Admissions	65	68
Total Number of Individuals Admitted	254	226
Total Number of Male Individuals	239	197
Total Number of Female Individuals	15	29
Average Age - Males	45 yrs.	47 yrs.
Average Age - Females	33 yrs.	34 yrs.
Average Length of Stay - Males	5 days	6 days
Average Length of Stay - Females	6 days	6 days
Residential Individual Counselling Sessions	477	391
Non-Residential Individual Counselling Sessions	476	384

Highway Safety Division

Number of Highway Safety Assessments	67	50

NON-RESIDENTIAL SERVICES

The following services are provided on a non-residential basis, by Addiction Workers:

Aftercare

This is a program available to all chemically dependent persons who have completed a rehabilitation program, either residential or non-residential. It is conducted by staff and other chemically dependent persons who have several years sobriety and are well established in a program of Alcoholics Anonymous. The recommended length of stay in this program is one year, with attendance on a weekly basis.

STATISTICAL SUMMARY

	1986-87	1987-88
Number of Group Sessions	153	153
Number in Attendance	2,295	1,721
Average Group Size	15	11

Follow-Up

This group therapy program is designed for chemically dependent persons who have gone through a detoxification program but who have not as yet had a rehabilitation program. After discharge from Detoxification, it is recommended that people attend one follow-up meeting per week at the Detoxification Unit for a period of six months. Clients are also encouraged to become involved in the Alcoholics Anonymous program.

STATISTICAL SUMMARY

	1986-87	1987-88
Number of Group Sessions	55	51
Number in Attendance	968	1,260
Average Group Size	18	25

COMMUNITY DEVELOPMENT

The Community Development Coordinator works on a six-month basis from mid September until mid March.

School and Community Information Program

This program in Kings County is under the direction of the Community Development Coordinator. Information programs are offered to various groups and organizations within Kings County, and furthermore, while this component of our information outreach service is recognized as valuable and necessary, it is in the school system where our greatest emphasis lies.

A core program of chemical dependency information was designed and implemented by the coordinator to operate at the Grades 5-9 levels inclusively. Other grade levels are offered the same service upon request. The school program has as its overall philosophy the creation of an atmosphere in which a concentrated effort may be made in the areas of prevention and early intervention. The direction taken was to focus strictly upon the subject of chemical dependency per se (i.e. alcoholism, drug addiction), and to examine it on an indepth level. This approach supplemented and enhanced the schools' existing health education curriculum which focused primarily upon factual information and statistical data with respect to alcohol and a variety of other drugs.

Our program also dovetailed and interfaced with the Alcohol-Marijuana Information Program offered by Allied Youth. Each school visited was given a resource package of pamphlets and handouts containing information on a wide variety of drugs. These materials were for teacher and library use.

The Community Development Coordinator also serves on a provincial committee to aid in the development and coordination of provincial projects such as Drug Awareness week.

To aid us in our attempts to make our Community Information Outreach Program better known to the public at large, a great deal of advertising is done through such devices as public service announcements in various media and a mail advertising campaign to various service clubs, community, professional and church groups throughout the County.

STATISTICAL SUMMARY

	1986-87	1987-88
Number of Classroom Sessions	80	94
Total Number Attending	2,006	3,029
Number of Community Sessions	9	12
Total Number Attending	232	188

LONG-TERM CARE CENTRE

This ten-bed Long-Term Care facility in Georgetown continues to accommodate people from all three Counties who suffer from chronic chemical dependencies. The length of stay varies with the individual needs of the client.

The Georgetown House continues to operate with a supervisor and two attendants who cover the evening and week-end shifts.

A program is conducted daily which consists of group discussion, individual counselling, films, life skills, residential and community Alcoholics Anonymous. After a suitable period of time, when residents are adjusted to the Long-Term Care Program, they are encouraged to seek employment.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	52	45
Total Number of Individuals	51	36
Average Length of Stay	48 days	44 days
Average Age	50 yrs.	51 yrs.
Occupancy Rate	68%	59%
Total Number Days Stay	2,467	2,086

INFORMATION AND DROP-IN CENTRE

The Information and Drop-In Centre at 30 Main Street, Montague continued to operate through this fiscal year on a daily basis. It was staffed by a receptionist, hired under the Job Creation Program.

Video and cassette tapes are used in the daily information presentations for those requiring information on alcohol and drug use.

Other programs conducted by the addiction staff are weekly Family Program, Aftercare group sessions, individual counselling and assessment interviews for Highway Safety Division.

Current material on alcohol and other drugs could be picked up from the display racks.

In March, 1988 the space being rented by the Kings County Addiction Services was no longer available for rent. Budgetary restraints prevented other suitable space being acquired. Any programs and services that were offered at this location were moved to the Georgetown House facility.

STATISTICAL SUMMARY

	1986-87	1987-88
Number of Visits	1,012	599
Number of Individuals	418	261

FAMILY PROGRAM

The Family Program is a new addition to Kings County Addiction Services this fiscal year. Paul MacKenzie initiated the groundwork from July until September, 1987. Lorna Muzzerall commenced working in this position in October, 1987.

The Family Program began with the Family Information Program. A program was developed and started in September, 1987 in Souris and Montague. In March, 1987 when the "Drop In Centre" in Montague was decommissioned, the Family Information Program site was moved to Georgetown. Hesitation surrounded the move, but the present statistics reflect a higher attendance rate, on a continuing basis, in Georgetown when compared to the Montague attendance rate.

The Family Information Program consists of nine family related subject topics presented consecutively on a continuous weekly basis. Each session lasts for one hour with time allowed for discussion following the presentation.

Much of the week's work of the Family Program is spent making phone calls to the family members inviting them to the Family Information Program and for individual counselling. An arrangement has been made with the Montague Regional Service Centre office to allow the Family Therapist space in the Centre where clients can be counselled on Monday afternoons and Wednesday mornings. This allows a total of seven hours per week specifically set aside for counselling of Montague and surrounding area residents.

Office hours in Souris include meetings with the staff physician, Dr. Vickerson, and the nursing staff to share updated information on the progress of residents in treatment with emphasis on family involvement.

Occasionally information is presented on the effect of chemical dependency on the family to outside agencies. These presentations may take place during the working hours or in the evening and range from one to three hours per session.

The main goal of the Family Program for Kings County Addiction Services is to make every person in this County aware of the service offered to those in need of support when dealing with the problem of chemical dependency.

QUEENS COUNTY ADDICTION SERVICES

McGill Avenue
P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5

TELEPHONE: 368-4120

BOARD OF DIRECTORS

ALCOHOL AND DRUG PROBLEMS INSTITUTE INC.

APRIL 1, 1987 - MARCH 31, 1988

Dr. Leo Killorn, President
Mrs. Shirley Beck - became member March 1988
Mr. Gerry Birt
Mr. Jack Blanchard
Mr. Jim Brady
Mr. Colin Campbell - became member March 1988
Mr. Brian Gillis
Mrs. Helen Killorn
Ms. Gladys MacMillan
Mr. Ray Malone
Mr. Mike O'Brien - resigned October 1987
Mr. Albert Ross
Rev. Susan Triantafillou
Mr. Gordon Tweedy

MANAGEMENT PERSONNEL

Dr. Leo Killorn	Queens County Director
Sister Bertha McCarthy, R.N.	Nursing Supervisor Detoxification Unit
Dr. Marjorie A. Smith	Medical Director Detoxification Unit
Mr. Frank Blackett	Food Service Manager
Mr. Peter MacLean	Manager, Halfway House

OVERVIEW OF 1987-88

During the fiscal year 1987-88, there were no major changes in the basic format or staffing of the programs being presented by the Alcohol and Drug Problems Institute Inc. through the mechanism of Queens County Addiction Services. The content and the effectiveness of these varying programs continue to be monitored and improved on a regular basis by the Director and staff by the mechanism of weekly staff meetings. During the year no programs were discontinued, and despite a strain on our resources, we continue to be able to present recovery programs to large numbers of chemically dependent persons, as well as their families.

The total number of admissions to the Detoxification Unit at the Alcoholism Treatment Centre remains in the vicinity of 800 (784) in 1987-88, with the percentage of males to females remaining at 4 males to 1 female. The percentage of new admissions increased from 35 percent to 44 percent during 1987-88, while the percentage of total admissions to the Detoxification Unit who were referred to the Rehabilitation Programs was 51 percent.

643 clients engaged in our three-week Rehabilitation Program, with 60 percent being treated as residential and 40 percent as non-residential. The number of employer referrals continues to decrease, while the referrals from other sources remained relatively stable. The average age continues to be stable at 39 years.

The Aftercare groups, following a three-week Rehabilitation Program, continued to operate with 257 persons engaging in the Aftercare Program, and approximately 50 percent of these completing the program.

Our ten-session Family Program continued to operate with the number attending being decreased somewhat from the previous year, but still continuing at an adequate level. Two new Aftercare groups following the family session were developed, namely, a Parents' Support Group and an Adult Children of Alcoholics Group.

Our liaison with various Government agencies continued to operate in an adequate manner, with Marlene Roe, R.N. being our contact with the Department of Social Services, Helen Flynn, R.N. being our contact with the Department of Justice at the Provincial Correctional Centre, Brian Smith being our contact for the Parole Program, and the staff of the Highway Safety Division in Charlottetown providing us with continuing referrals. The local psychiatrists were also a major source of referrals, either on a voluntary basis or under the Mental Health Act certification.

The majority of the programs presented were administered under an agreement between the Provincial Government and the Alcohol and Drug Problems Institute Inc., while the Institute continued to operate programs funded from other sources, namely, the Adolescent Program and the Children of Alcoholics Program.

The Board of the Institute continued to meet on a regular basis to discuss stabilization and progression of treatment programs, as well as a major focus being informational and prevention policies.

The programs presently being administered by the Alcohol and Drug Problems Institute under the designation of Queens County Addiction Services and Government funded, are as follows:

1. Residential Detoxification Program
2. Residential Rehabilitation Program
3. Non-Residential Rehabilitation Program
4. Residential Assessment Unit
5. Residential Halfway House
6. Non-Residential Family Program
7. Aftercare Program
8. Parole Program
9. Impaired Driver Program
10. Early Release Probation Program
11. Public Relations and Information Program, including School Program
12. Statistical Surveys and Evaluation Program

In this year's report the statistical summaries of each of these Departments for the year 1987-88 will be presented along with comparisons from the previous year.

The Board of Directors and the staff of the Alcohol and Drug Problems Institute continue to use as their basic philosophy the precept that chemical dependency to any psychoactive drug, including alcohol, is a primary chronic disease which is treatable. We do not subscribe to approaches which do not incorporate this important tenet. We also realize that this is a relapsing disease and that treatment can only be successful with the total cooperation of the client. Although we may strive towards total compliance, we realize that this is not feasible nor possible.

We continue to have an excellent liaison with Alcoholics Anonymous community groups, and provide individual and group sessions as well as meetings within our Rehabilitation Program format. We continue to refer all of our clients who suffer from the disease of chemical dependency to either Alcoholics Anonymous or Narcotics Anonymous in the community, and the family members to the Al-Anon family groups and Alateen. We incorporate the principles of the Twelve Step recovery program of Alcoholics Anonymous into all of our treatment programs.

RESIDENTIAL DETOXIFICATION UNIT - PHASE I

The nursing and medical staff of this Unit continue to provide the activities necessary to fulfil the objective of: (1) safe detoxification of clients from psychoactive substances; (2) physical, psychological, social, and spiritual assessment of the client; and (3) motivation towards further treatment.

The nursing staff of the Unit serves as the major liaison between the client, their families, and various community groups who are involved with the care of the client. One of the major activities is continuing liaison with the staff of the Emergency Department of the Queen Elizabeth Hospital, as well as other staff members, for the purpose of transfer of clients to and from our facilities.

The number of compulsory admissions to this Unit remains large and they arrive as referrals under the Mental Health Act (certification), Probation Services, employers, the Parole System, and Social Services. Highway Safety Division referrals to the Detoxification Unit and subsequently the Rehabilitation Programs, are also under mandatory directions.

The total number of admissions during 1987-88 to the Detoxification Unit was 784, compared to 797 the previous year. The average number of monthly admissions was 65, with 80 percent of these being male.

The total number of new admissions to the Unit was 345, which was a marked increase from the previous year of 279. The new admissions constituted about 45 percent of our total admissions.

397 persons were referred from the Detoxification Unit to Phase II, which is an increase over the 360 of the year before. This number constituted 51 percent of the total admissions to the Unit and amounted to 33 people per month.

The total number of persons admitted under a certification of the Mental Health Act decreased rather markedly from 97 the previous year to 66 during this reporting year. The total number of Social Service referrals remained approximately the same.

We continued to admit people for the Rehabilitation Program from Kings County, and these are included in our statistics.

The number of persons dependent on cannabis continued to rise, being 177 during this fiscal year, compared to 167 the previous year. Urinary assays of selected persons for cannabis and also benzodiazepines continue to be carried out by the nursing staff, and these persons with high levels were monitored on a regular basis.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	797	784
Total Number of Male Admissions	610	624
Percentage of Male Admissions	77%	80%
Total Number of Female Admissions	187	160
Percentage of Female Admissions	23%	20%
Average Number of Monthly Admissions	66	65
Average Number of Monthly New Admissions	23	29
Total Number of New Admissions	279	345
Percentage of New Admissions	35%	44%
Average Length of Stay - Males	6 days	5 days
Average Length of Stay - Females	7 days	5 days
Total Number Referred to Phase II	360	397
Percentage of Total Admissions to Phase II	45%	51%
Average Monthly Number Referred to Phase II	30	33
Average Age - Males	40 yrs.	40 yrs.
Average Age - Females	40 yrs.	39 yrs.
Total Number of Persons Certified	97	66
Average Number Monthly Certified	8	6
Total Number of Social Service Referrals (Residential)	61	62
Total Number of Admissions Dependent on Cannabis	167	177
Total Number of Employer Clients (Residential and Non-Residential)	55	58
Total Number of Highway safety Division Referrals (Residential)	40	34

RESIDENTIAL REHABILITATION PROGRAM - PHASE II

Admissions to the Residential Rehabilitation Program continue to come through the Detoxification Unit, and the number of staff and the program in this Department was unchanged from the previous years.

The major functions of this portion of the program are: (1) to provide identification as a chemically dependent person; (2) provide insight into the nature of their disease; and (3) to encourage motivation towards recovery. The recovery rates of persons engaging in this portion of the program continues to be much higher than those who are merely detoxified.

The number of admissions to this program increased from 360 in 1986-87 to 397 during this fiscal year. The number of females in this program continue to increase, being 84 for this year, with a ratio of 4 males to 1 female. The average age in this section of the program continued to decrease, now averaging 33.5 years, with males and females being relatively equivalent.

The number of Kings County residents who engaged in the Rehabilitation Program had increased rather markedly to 87, 42 of whom were referred from Kings County Addiction Services, and the remainder came on their own.

During this segment of the program the residents develop, in conjunction with the therapist, a continuing recovery program and are referred to the Aftercare Program following discharge.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	360	397
Total Number of Male Admissions	282	313
Total Number of Female Admissions	78	84
Average Number Monthly Admissions	30	33
Average Age - Males	35 yrs.	34 yrs.
Average Age - Females	36 yrs.	33 yrs.
Average Length of Stay	19 days	18 days
Total Number of Admissions - Parole	33	39
Total Number from Kings County	68	87

NON-RESIDENTIAL REHABILITATION PROGRAM

This department continued with the same program as in previous years, namely, a two-hour daily informational program, plus individual counselling and assessment. Dr. Marjorie Smith assisted the staff in this department as Medical Consultant and assessment source.

The number of persons engaging in the Non-Residential Program was 263 during this year compared to 289 the previous year, with the average number of monthly admissions being 22. The majority of employer referrals had engaged in the Residential Program.

Combined with the number of persons in the Residential Rehabilitation Program, the total number of those engaging in our Rehabilitation Programs during the year of 1987-88 was 660, or 55 persons per month in the Rehabilitation Programs of Queens County Addiction Services. We would like to, once again, emphasize that we are unaware of any treatment program that provides services to such a large number of individuals with such a small staff.

All persons engaging in this segment of the program are also referred to a long-term Aftercare group. The average age of the clients was 39 years, which is equivalent to those engaging in the Residential Program.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number Admissions (Residential)	342	397
Total Number Admissions (Non-Residential)	289	263
Total Number Engaging in Program	631	660
Average Monthly Admissions (Non-Residential)	24	22
Total Number Employer Referrals	21	18
Total Number Social Service Referrals	32	32
Average Age	38 yrs.	39 yrs.

RESIDENTIAL ASSESSMENT UNIT - POLICE UNIT

This Unit serves the functions of: (1) providing short-term protection for those persons referred from the police for public drunkenness in lieu of incarceration at the Correctional Centre; (2) those referred from the Out-Patient Department of the Queen Elizabeth Hospital for short-term care and assessment; and (3) persons only requesting or requiring short-term detoxification. There was no change in the staff or number of beds in this Unit. Since we do not provide detention rooms in this Unit for those who are unruly or aggressive, considerable numbers of persons are still transported to the Correctional Centre.

The staff of this Unit is under the supervision of the nursing staff of the Detoxification Unit, and admissions to the Unit are either brought by the local police or screened through the nurse in charge of the Detoxification Unit. It does provide a much needed emergency service to the community and prevents the regular Detoxification Unit from becoming a revolving door operation.

The number of admissions to this Unit continues to increase, with 1,550 admissions in 1987-88, for an average number of monthly admissions of 129, or over 4 per day.

134 persons admitted to this Unit were referred for further treatment, either to the Detoxification Unit, to the Non-Residential Rehabilitation Program, or to the Residential Half-Way House.

We feel that at least two seclusion rooms should be necessarily designated in the Charlottetown area to deal with these persons in order that the large number which is still referred to the Correctional Centre could be decreased. Our opinion is that these rooms should be at Hillsborough Hospital.

STATISTICAL SUMMARY

	1987-88
Total Number Referrals	2,188
Total Number Police Referrals	1,739
Total Number Admitted	1,550
Total Number Police Referrals Admitted	1,052
Number Referred to Provincial Correctional Centre	687
Percentage of Police Referrals Admitted	61%
Average Number Monthly Admissions	129
Average Number Monthly Police Admissions	88
Percentage of Police Admissions	68%
Number Referred for Further Treatment	134
Average Length of Stay	2 days

RESIDENTIAL HALFWAY HOUSE - TALBOT HOUSE

The number of beds in the Talbot House was decreased during this year from 21 to 18 because it was felt that the overcrowding of the facility was not advantageous to the residents, but also could be a danger. The occupancy rate of this facility is approximately 80 percent, with the average length of stay being 34 days, which is similar to the previous years. The recommended length of stay continues to be two months. The total number of admissions continued to be stable at 157, compared to 159 for the previous year, with a marked increase in the number of individuals served, from 81 the previous year to 124 during this fiscal year. The average age remained approximately the same at 36.

There was a change in the activities of this unit during this fiscal year in that two of the Addiction Workers were given increased responsibility for providing individual superficial counselling and reporting on the residents under their care. This appeared to markedly increase the abstinence rate of those leaving the Talbot House.

We are still experiencing some difficulty with the residents of this facility not recognizing the need for continuing in our Aftercare groups after leaving the Talbot House. A group functions at the Talbot House for the short period of time that these people are residents, but we feel that they require a much longer period.

Programs are presented to the residents to attempt to identify their living problems, identify their triggers for relapsing into their disease of chemical dependency, and to increase their life skills.

Regular Alcoholics Anonymous meetings are held in this facility.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	159	157
Total Number Individuals Served	81	124
Occupancy Rate	71%	80%
Average Length of Stay	32 days	34 days
Average Age	35 yrs.	36 yrs.
Total Number from Parole Services	37	41

NON-RESIDENTIAL FAMILY PROGRAM

Our Family Therapist continued to be responsible for the entire program with the assistance of other staff members and volunteers. We have continued to report an overload in this part of our program, and since we consider this an integral part of the recovery of family members as well as of the clients themselves, it should be obvious that an additional Family Therapist is required by Queens County Addiction Services.

Persons entering this program are either (1) referred by organizations or Government Departments dealing with the family in the community; (2) they voluntarily seek help for an addiction problem in their family; or (3) they are assessed by another staff member and referred to the Family Therapist for individual counselling and assessment.

All persons entering our Rehabilitation Programs are requested to provide the name of a family member who can be contacted by the Family Therapist and an interview requested.

The total number of individual consultations decreased from 613 in 1986-87 to 546 in 1987-88. This is a decrease of almost 200 since the year 1985-86, and reflects the impossibility of one person providing this service to the number of individuals who can be benefited from this portion of our program.

Our reporting statistics for this segment of our program has been found to be inadequate and will be revised during the coming year.

The Family Aftercare sessions following this program were discontinued, but were replaced by a Parents' Support Aftercare Group as well as an Adult Children of Alcoholics Aftercare Group.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Family Orientation Sessions	45	46
Total Number Attending Family Orientation Sessions	2,131	1,559
Total Number Adults Attending Family Orientation Sessions	1,708	1,213
Total Number Children Attending Concurrent Children of Alcoholics Program	423	346
Average Attendance, Monday Night Family Program -		
(a) Adults	32	27
(b) Children	9	8

AFTERCARE PROGRAM

Phase III of our program following Detoxification (Phase I) and Short-Term Rehabilitation (Phase II) is described as Aftercare, and is an integral and essential part of our total program. Aftercare is recommended for all persons who have completed either the Residential or the Non-Residential three-week Rehabilitation programs. The length of stay in the Aftercare Program is recommended to be at least six months, but may be extended to one year under certain circumstances. It is probable that the program should be continued for one year for all clients, but because of limited resources and numbers they have been confined to six months.

Eight Aftercare groups for our Rehabilitation Programs were operative during 1987-88, with an average attendance of 10.5, which is our highest number since we began the Aftercare groups.

The total number of persons who began the Aftercare Program and continued it for a certain period of time was 257, with 124 having completed the total program. Therefore, approximately 50 percent of those beginning the program completed it.

There is frequent communication between the Aftercare group leaders and the Phase II Addiction Therapists, and a monthly meeting is held at which time administrative and other problems are discussed with the group leader, the Director, and the staff member responsible for monitoring these groups, namely, the Public Relations Officer for Queens County Addiction Services.

STATISTICAL SUMMARY

	1986-87	1987-88
Number of Aftercare Groups	7-8	8
Number of Aftercare Sessions	374	357
Average Number in Attendance	8.7	10.5
Total Number of Persons Served	213	257
Number Completing Aftercare Program	97	124

PAROLE PROGRAM

The program recommended for parolees, either from Provincial or Federal correctional institutions, is to engage in the Residential Rehabilitation Program for three weeks followed by two months at the Queens County Halfway House. During their stay at the Halfway House they engage in the Aftercare group at that facility. It is recommended that after they leave the facility they be absorbed into one of the other Aftercare groups.

The results of this program continue to be adequate, and our major contact for assessing these programs is Brian Smith of the Correctional Service of Canada, Charlottetown office.

The number of parolees treated during 1987-88 was 50. All of these persons completed the program since they were under compulsion to do so in lieu of being returned to a correctional facility.

STATISTICAL SUMMARY

	1986-87	1987-88
Number Persons Completed Program	37	50

IMPAIRED DRIVER PROGRAM

This program, which is operated in conjunction with the Highway Safety Division, has been stabilized over the past three and one-half years. Persons referred to this program are, in general, those who have had three or more convictions for impaired driving at any time during their driving history. Those with a lesser number of convictions may be referred if found to be appropriate by the Highway Safety Division staff. Persons referred are assessed by one of our staff members and referred to either the Residential Rehabilitation Program or the Non-Residential Rehabilitation Program. It is compulsory for these people to complete the program in order to have their driver's license reinstated or retained.

Monthly reports are provided for the Highway Safety Division, and it is on the basis of these reports that a decision is made regarding the person's reinstatement.

Since the Alcohol and Drug Problems Institute provides rehabilitation services to Kings County residents, recidivist impaired drivers from this County are also referred to our Residential or Non-Residential services.

The total number of persons from both Queens and Kings Counties who completed the program during the year 1987-88 were 127, compared to 130 from the previous year. Of this number, 39 were from Kings County and 88 from Queens County.

It was felt by the staff that during the summer of 1988 a review of the results obtained by our treatment programs for impaired drivers should be conducted. It was felt by the staff that the results were improving, but this needed some definite confirmation.

It was, once again, necessary for the regular staff to absorb the extra assessment, treatment, and reporting required to provide this service to the Highway Safety Division, but no arrangement could be worked out for increased resources to the Institute. It is still felt that a liaison person is necessary between the Institute programs and the Highway Safety Division in order to more satisfactorily monitor this very important program.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number Assessments	142	139
Total Number Completed Non-Residential Program	84	86
Total Number Completed Residential Program	46	31
Services Provided to Highway Safety Division Referrals from Kings County Addiction Services:		
Non-Residential Program	11	13
Residential Program	33	26
Total (Queens County and Kings County)	130	127

EARLY RELEASE PROBATION PROGRAM

During the fiscal year 1987-88 the Early Release Probation Program from the Provincial Correctional Centre to Addiction Services continued in a manner as was developed previously by Helen Flynn, R.N., who continued to be seconded to our Services from the Department of Justice.

Helen Flynn assesses persons at the Correctional Centre, mainly those incarcerated for impaired driving offenses, and recommends transfer of these persons to the Residential Rehabilitation Program of Queens County Addiction Services.

During this year 72 persons were transferred under a Temporary Absence (T.A.) order, and 32 persons were transferred under the Parole Program. These persons were all absorbed into the mainstream of the Rehabilitation Program and no specific program directly related to this group was developed.

PUBLIC RELATIONS AND INFORMATION PROGRAM

This program in Queens County was under the direction of the Community Development Coordinator in 1987-1988, and the activities were similar to the previous year. Information programs were presented to the elementary and junior high schools in the area, as well as sessions to senior high schools and community professional and non-professional groups.

In addition to monitoring and providing many of these programs, the person in this position also monitored the Highway Safety Division Program and the Aftercare Program.

The information services provided to professional groups in this area were, in many cases, in cooperation with the Community Development Coordinator of the Central Office. The emphasis on community groups continues to be directed towards youth and their problems with alcohol, marijuana, and various other chemicals.

Because of the current Government restraint program, it was not possible to provide outside speakers for seminars for staff during the year 1987-88. A one-day session was presented on two occasions for the Aftercare leaders of the Queens County group, and these sessions were organized by our Community Development Coordinator.

The Institute has developed a weekly one-hour training session for the therapy staff during which outside speakers from the community are brought in to discuss various problems connected with the operation of the services. In addition to this, various therapists present their views on either attendance at conferences, or from reading material, to the rest of the staff. They also review films which may be presented to the clients. Members of the staff are encouraged to read various periodicals and present the content of articles in these journals to the remainder of the staff.

In addition to this in-service weekly training session, various members of the staff attended outside conferences, either locally or in the Atlantic region, and reported on the contents of these conferences to the remainder of the staff.

During the year 1987-88 there were no seminars held in conjunction with the other Counties.

The Institute has focussed a great deal of attention on the junior high schools, because we believe that this is a crucial area in adolescent development, and has remained the major basis for our programs for the local schools. The program that we present to all Grade VII students whom we may reach is a field trip to our facility and a two-hour informational session there. Unfortunately, we are not reaching all the junior high schools in the area, and this situation did not particularly improve during 1987-88.

At the senior high school level we present programs of a different variety than those presented to the junior high school students, and the Community Development Coordinator has developed four modules for presentation to high school groups, and these were well received this year as well. We have also been involved with the Peer Education Program and the S.A.D.D. Program in the regional high schools.

Our statistics for this portion of the program has remained relatively stable from the previous year.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Sessions (Elementary)	12	12
Total Number of Individuals	320	411
Total Sessions (Junior High)	19	22
Total Number of Individuals	497	649
Total Sessions (Senior High)	13	8
Total Number of Individuals	286	313
Total Sessions (Mature Students and Community)	33	25
Total Number of Individuals	514	458
Total Number of Sessions	77	67
Total Number of Individuals	1,617	1,831

STATISTICAL SURVEYS AND EVALUATION PROGRAM

Each month a copy of the statistics for the various divisions of our programs are forwarded to the Central Office of Addiction Services as well as to our Community Development Coordinator. For comparison purposes we have developed a monthly comparison form for each program in order that trends throughout the year might be noted and compared to other months during the year, as well as to similar months during the previous years. These comparisons are made by our Community Development Coordinator and are presented to the staff at the weekly in-service meetings when appropriate.

The Community Development Coordinator also has developed a form whereby the total Aftercare attendance can be evaluated on a monthly basis, and these forms are presented to the therapists each month in order that they may determine to which groups they should refer their clients for Aftercare. An evaluation of the numbers attending Aftercare, as well as those beginning and completing the Aftercare Program are also included. A yearly summary is then provided to the Central Office and to the therapy staff.

The Community Development Coordinator also monitors the Highway Safety Division Program and serves as our major liaison person with this Department. Problems arising in the referrals, initial assessment, treatment programs, and aftercare programs particularly, are resolved by this person and the Director in conjunction with the Highway Safety Division. Monthly reports are provided to the Highway Safety Division regarding the compliance of this group of clients with the directed program. Evaluation of this program is performed on a yearly basis.

NEW INITIATIVES

At the present time, the Alcohol and Drug Problems Institute Inc. does not envision any major new treatment programs. The programs related to chemically dependent adolescents and pre-teen and teenage children of alcoholics are being funded outside the budget of Queens County Addiction Services, and this funding should be able to continue through the fiscal year 1989-1990.

There are two major areas where funding to Queens County Addiction Services should be increased in order to improve the effectiveness of the program, and to provide continuing evaluation of the outcome of these programs.

(A) Computerized Services

It is the opinion of the Board of the Institute, as well as those of the staff who are involved in evaluation, that computerization of information relative to our varying programs is a necessity if we are to provide both ourselves and the Provincial Government with continuing information relative to the on-going progress and outcome of chemically dependent persons and their families who engage in our programs. It is not possible to obtain all this material necessary because of lack of adequate coordination, which could be provided by a computer.

It is estimated that the cost of such a system for the programs of Queens County Addiction Services and the Alcohol and Drug Problems Institute would be approximately $10,000.

(B) Staffing Requirements

1. Assistant Family Therapist - For many years our Family Program has been operated by one person. The volume of persons requiring the services of a Family Therapist, although relatively stabilized, continued to require more time, energy and expertise than the one Family Therapist can provide.

The cost of an additional Assistant Family Therapist with a classification of Social Service Worker II, Step 1 would be $23,005.

2. Liaison Therapist, Impaired Driver Program - We have continued to stress the importance of a therapist who would be employed part-time with the Institute and part-time with the Highway Safety Division of the Province. This would improve the functioning of the on-going program which has been developed between the two departments. The person could be utilized by the Institute to provide assessment of persons referred from the Highway Safety Division, provide more adequate evaluation of response to programs, including

2. Liaison Therapist, Impaired Driver Program (Cont'd)

rehabilitation and aftercare, provide improved reporting to the Highway Safety Division, and provide an on-going evaluation of the results of the program.

In addition to these functions with Addiction Services, the person could provide assistance to the Highway Safety Division in the evaluation of persons to be referred at their level, assistance in developing community programs emanating from the Highway Safety Division related to impaired driving, and provide continuing assistance to the present staff of the Highway Safety Division relative to their decision regarding reinstatement of license to persons in this group.

3. Part-Time Secretary - The functions of receptionist/secretary to the staff of Queens County Addiction Services who operate the Non-Residential Programs at the Alcohol and Drug Problems Institute on Beach Grove Road are presently being carried out by a secretary in the employ of Killorn Facilities.

The functions of telephone operator, making appointments for Non-Residential staff, typing of reports from that staff, as well as filing, would require the services of a secretary on a half-time basis.

The cost of this half-time secretary would be approximately $9,000.

4. Detoxification Unit Counsellor - All of the activity in the Detoxification Unit related to the psychological and social evaluation of residents in this Unit, as well as activities related towards motivation of the residents to further treatment, is carried out by the nursing staff. The addition of an Addiction Therapist to the staff of the Detoxification Unit would markedly improve the functioning of the Unit as well as providing an increased level of individual counselling, and thus improve motivation of residents in this Unit.

This position would require the services of an Addiction Therapist at a classification of Social Service Worker II, Step 1 at a starting salary of $23,005.

We are aware of the financial stresses on Government and that these deficiencies in our system probably cannot be considered because of restraints. We, however, wish to submit them for your consideration and to increase your awareness of our situation.

PRINCE COUNTY ADDICTION SERVICES INC.

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TELEPHONE: 436-4201

BOARD OF DIRECTORS
PRINCE COUNTY ADDICTION SERVICES INC.
APRIL 1, 1987 - MARCH 31, 1988

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Mrs. Amy Gaudet, R.N.	Nursing Supervisor Primary Care Unit
Mr. Michael Fitzpatrick	Rehabilitation Supervisor Intermediate Care
Mr. Gerald Rooney	Residence Manager Extended Care Unit
Dr. Sheldon R. Cameron	Medical Consultant

PRIMARY CARE (DETOXIFICATION PROGRAM)

The Primary Care Unit located in the basement of the Prince County Hospital's Nurses Residence carried out its objectives in much the same manner as in previous years. These objectives are to provide safe medically supervised detoxification from all mood-altering chemicals, instruction of clients as to the nature of their addiction and motivation to further treatment.

Self or family referrals continue to be the main referral source for this unit accounting for approximately 58 percent of the referrals. The remainder of the referrals are made by agencies such as hospitals, physicians, and various areas of the justice system.

During this reporting period the demand for service continued to increase as in previous years. The average occupancy rate remains consistently high at 94 percent, the same rate as the previous year. Because of this high occupancy rate, beds are seldom available at the time they are needed and clients must wait in some cases several days for admission. Under these circumstances, it is becoming increasingly difficult to provide emergency service for those who require it.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	654	661
Total Number of Male Admissions	557 (85.2%)	576 (87%)
Total Number of Female Admissions	97 (14.8%)	85 (13%)
Total Number of Individuals	412	395
Total Number of New Clients	156 (23.9%)	164 (24.8%)
Average Age - Male	38 yrs.	40 yrs.
Average Age - Female	36 yrs.	38 yrs.
Average Length of Stay - Males	8 Days	7 Days
Average Length of Stay - Females	12 Days	15 Days
Average Occupancy Rate	94%	94%

DETOX. VOLUNTEER FOLLOW-UP PROGRAM

This program is conducted by a group of volunteers composed of people who are recovering from chemical dependency. It operates under the direction of the Detox. Nursing Supervisor and a volunteer Coordinator. There are approximately 90 volunteers involved in the program. Its objectives are:

(1) To provide an ongoing community support system for clients both during treatment and following discharge.

(2) To assist the Agency's follow-up services.

(3) To utilize valuable community volunteer workers.

(4) To strengthen communication and maintain rapport between the Agency, the program of Alcoholics Anonymous and the general public.

The program operates according to a rotating monthly schedule set up by the Coordinator. Teams of two volunteers visit the Detox. Unit twice a week to interview those clients who have given written consent to see them. During the visit, the client is encouraged to choose a contact from his or her own community for additional support and introduction to a local A.A. group when he/she returns home. The contact is immediately established by telephone and the contact's name and telephone number are recorded on the client's file for future reference.

This program has been in operation for several years and has proven to be a valuable asset to both the agency and its clients. Its success is due to the continuing dedication of the Coordinator and the many volunteers.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Contacts Made	319	226
Summerside and Area	138	87
West Prince	118	89
East Prince	38	26
Kings County	9	2
Queens County	16	13
Other	0	9

INTERMEDIATE CARE (REHABILITATION PROGRAM)

The Intermediate Care Program provides the second phase of treatment for chemical dependency. The main requirement for admission to the program is that the client must be adequately detoxed from all mood-altering chemicals.

The program is of three weeks' duration and may be taken as a resident or day case dependent on the decision of the admissions staff. This decision is based on several factors such as the availability of transportation, the stability of the home environment, the severity of the dependence and the client's motivation to remain abstinent during treatment. The treatment regime is identical for residential and non-residential clients as they are intermingled in the same therapy group. Residential clients are housed in either the Primary Care Unit or the Extended Care Facility, St. Eleanor's House.

In a closed, small (maximum twelve members) group setting the nature of chemical dependency is explored in depth. The negative effects on the physical, emotional, social and spiritual well being of the individual are emphasized. Guidelines to successful recovery are suggested and effective living without the use of mood-altering chemicals is promoted. Various techniques employed include lectures, video tapes, group discussion and guest speakers.

During the program clients are encouraged to view the group as their main support system and to maintain contact with group members after completion of the program. This is promoted in recognition of the fact that the group as a whole can be more effective in this capacity than individual counsellors. It also avoids the situation of clients becoming overly dependent on the counselling staff.

Emphasis is placed on Aftercare as a critical component of the overall recovery process. Upon completion of the Intermediate Care Program, participants are referred to the third treatment phase which is attendance at a weekly Aftercare group for a one-year period. It is also recommended that they attend a minimum of three A.A. meetings per week.

Repeat admissions to the Intermediate Care Program are not made for a minimum of one year and then only at the discretion of staff. In the event of a return to chemical use, clients are referred to the Primary Care Unit and encouraged to resume their Aftercare recommendations following detoxification.

This program is also much in demand and is usually booked at least two programs in advance. This means that clients must wait three to six weeks for admission.

The majority of referrals to this program are received from various areas of the Justice system. Another significant source of referral is the Highway Safety Division.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	171	180
Total Number of Individuals	166	174
Total Number of New Admissions	149 (87.1%)	131 (72.8%)
Total Number of Male Admissions	146 (85%)	151 (84%)
Total Number of Female Admissions	25 (15%)	29 (15%)
Average Age - Male	33 yrs.	36 yrs.
Average Age - Female	33 yrs.	35 yrs.
Percentage of Residential Clients	50.4%	56.1%
Percentage of Non-Residential Clients	49.6%	44.5%
Total Number of Justice Referrals	56	58
Total Number of Highway Safety Referrals	27	39

AFTERCARE PROGRAM

Following completion of the Intermediate Care Program, clients are enrolled in a structured Aftercare Program. They are strongly encouraged to attend and complete the third phase as it is considered to be a final component of the complete treatment process. It is designed to assist the client to maintain long-term abstinence and reinforce the lifestyle changes promoted during the earlier treatment phases.

Eight small groups meet weekly under the leadership of individuals from the community who have experienced chemical dependency themselves and have acquired stability in their personal recovery. Two of these Aftercare groups are conducted in the West Prince area to provide easier access for residents from that area.

Clients are encouraged to complete the full Aftercare phase. The recommended length of time is one year.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Groups	8	6
Total Number of Group Sessions	327	298
Average Group Size	9	9
Total Number of Individuals	253	241

FAMILY CARE

Various services are provided for the family of the chemically dependent individual by this Agency.

A structured Family Information Program consisting of one evening session weekly for nine weeks is conducted by the Family Counsellor at the Addiction Centre in Summerside. The program is open-ended and recycles every nine weeks. Although especially intended for family members of clients in treatment it is also open to any individual in the community who is affected by or concerned about another's chemical use regardless of whether or not that person has been exposed to treatment. Two general topics "Addictions" and "Family Recovery" are dealt with during the nine weeks by use of films, lectures and group discussions.

In order to provide family services for residents of West Prince, one full cycle of the Family Information Program has been conducted in the Westisle Composite School each fall for the past several years.

In addition to the Information Program, other services are provided for the family. The Family Counsellor contacts some family member of every client who is admitted to any one of our treatment programs. Individual counselling is provided as well as referrals to other agencies and to self-help groups such as Al-Anon and Alateen.

Information sessions on the family effects of chemical dependency are also provided for clients in treatment in both Primary and Intermediate Care Programs. These are also conducted by the Family Counsellor.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Individuals	659	1,379
Total Number of Office Consultations	552	463
Total Number of Telephone Consultations	814	953
Total Number of Large Group Sessions	42	51
Total Number in Attendance	795	719
Average Group Size	19	14
Total Number of Small Group Sessions	37	42
Total Number in Attendance	382	414
Average Group Size	10	10

WEST PRINCE FAMILY INFORMATION PROGRAM

	1986-87	1987-88
Total Number of Group Sessions	6	7
Average Group Attendance	12	15
Total Number of Individuals	31	38

WEST PRINCE COUNSELLING SERVICE

A community addictions counselling resource is provided in the western area of Prince County. Staffed by one full-time Counsellor with a back-up of other staff of the Agency, this service provides assessment, counselling, referral and follow-up counselling for residents of West Prince.

The Counsellor has office hours in the Western Hospital, Alberton, two days a week and in the Regional Services Centre, O'Leary, two mornings a week.

He also conducts group sessions weekly in the Primary Care Unit to familiarize clients from West Prince with his services and to develop follow-up plans following their discharge. In addition, the Counsellor conducts a weekly Aftercare group in Alberton.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Individuals Served	232	364
Total Number of Home Visits	199	118
Total Number of Detox. and Hospital Visits	117	84
Total Number of Office Visits	235	635

EXTENDED CARE

The Extended Care Facility "St. Eleanor's House" is the oldest treatment facility in Prince County. During this reporting period it continued to function in a similar manner as in previous years. In recent years there has been a significant increase in the demand for service in this facility. The rising demand for service is due to an increase in the number of referrals from the Justice system.

The house program is aimed at reinforcing the guidelines to recovery introduced during earlier treatment phases by daily exposure to films, group discussions and A.A. meetings. The house rules and work therapy are some of the methods used to assist residents in adopting more appropriate lifestyles. Clients are encouraged to seek employment as soon as they are considered to be stable in their recovery. If unemployed, referrals are made to Canada Employment and Immigration as well as other agencies for programs such as upgrading educational levels, vocational training or work adjustment training and other similar projects.

As staffing is minimal in this facility, residents are responsible for housekeeping, laundry, maintenance, gardening and grounds-keeping duties. These duties are assigned on a weekly schedule and each resident is responsible to carry out his assigned tasks.

Residents are gradually prepared for stable re-entry to the community and encouraged to regain family ties where possible.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Admissions	118	113
Total Number of Individuals	100	92
Number of New Admissions	75	73
Average Age	33 yrs.	39 yrs.
Average Length of Stay	31 days	33 days
Occupancy Rate	89%	86%

NON-RESIDENTIAL SERVICES

In addition to the structured treatment programs, the Agency provides various non-residential services such as: assessment and intervention interviews, individual counselling, follow-up counselling, Antabuse administration, and drug screening. The major sources of referral for these services continue to be from various areas of the Justice system, Highway Safety Division and employers. These services are mainly provided by the Counselling and Nursing staff of the Agency.

A number of these non-residential services are provided outside the Agency's facilities. These would include such areas as hospitals and provincial correctional institutions.

STATISTICAL SUMMARY

	1986-87	1987-88
Total Number of Individuals Seen	731	637
Total Number of Telephone Consultations	1,401	1,082
Total Number of Office Visits	1,185	743
Total Number of Visits Outside the Agency	77	55

COMMUNITY DEVELOPMENT SERVICES

This program complements the treatment services of the Agency in attempting to reduce alcohol and other drug problems in the community.

Under the direction of a Community Development Coordinator, many approaches are used in raising public awareness of issues related to chemical dependency. Focusing mainly on youth, the majority of the Coordinator's time is spent in conducting information sessions in schools and other youth groups as well as working with parent groups. Information sessions are also presented to other community and professional groups. A great deal of information is disseminated to the general public by use of the media, public displays and the maintenance of the resource library at the Addiction Centre in Summerside. This lending library is available for public use.

The Coordinator also serves on a Provincial Committee to develop and coordinate Provincial projects such as Drug Awareness Week.

STATISTICAL SUMMARY

Type of Group	No. of Sessions		Average Group Size		Total Attendance	
	1986-87	1987-88	1986-87	1987-88	1986-87	1987-88
School Students	62	65	30	32	1,864	2,096
Mature students	17	16	16	21	212	340
Community	30	16	31	25	937	407
Professional Groups	10	10	28	27	281	273
Parents Care Program	5	4	27	24	139	95
Other	34	29	13	11	447	329

MISCELLANEOUS ACTIVITIES

	1986-87	1987-88
Displays	35	25
Meetings	102	35
Media Activities	10	12
Other	10	3